

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2011"/> | <input type="text" value="110057.22"/> | <input type="text" value="110057.22"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="352117.15"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="70446.61"/> | <input type="text" value="984506.54"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="422563.76"/> | <input type="text" value="1094563.76"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="66500.00"/> | <input type="text" value="738500.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="356063.76"/> | <input type="text" value="356063.76"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 58240.82 | 871739.06 |
| (ii) Unitemized | 1205.79 | 77480.48 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 59446.61 | 949219.54 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 11000.00 | 35287.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 70446.61 | 984506.54 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 70446.61 | 984506.54 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 70446.61 | 984506.54 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 66500.00 | 738500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 66500.00 | 738500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 66500.00 | 738500.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 70446.61 | 984506.54 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 70446.61 | 984506.54 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 41 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Stacie Aman

Mailing Address 5124 27th Rd N

City State Zip Code
Arlington VA 22207-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Health Care Association Senior Director, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011
Transaction ID : C1528695

Amount of Each Receipt this Period
282.00

Full Name (Last, First, Middle Initial)
B. Gary Attman

Mailing Address 8028 Ritchie Highway

City State Zip Code
Pasadena MD 21122-1069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FutureCare Health & Mgmt. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011
Transaction ID : C1524214

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
C. Mary Baker

Mailing Address PO Box 1129

City State Zip Code
Turlock CA 95381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mark One Corp. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011
Transaction ID : C1520383

Amount of Each Receipt this Period
1250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2782.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Isabel Barber
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Cateswood Dr
 City Spartanburg State SC Zip Code 29302-3463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer White Oak Manor Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : C1527366
 Amount of Each Receipt this Period
1000.00

B. Cecil Barcelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Alabama Ave
 City League City State TX Zip Code 77573-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baywind Village Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2011
Transaction ID : C1538469
 Amount of Each Receipt this Period
275.00

C. Beverly Barrentine
 Full Name (Last, First, Middle Initial)
 Mailing Address 1634 Telfair St
 City Dublin State GA Zip Code 31021-3115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shamrock Nursing and Rehab Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011
Transaction ID : C1529395
 Amount of Each Receipt this Period
525.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 41 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Jeffreys B Barrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8825 S 7th St
 City Phoenix State AZ Zip Code 85042-7626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maravilla Care Center Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **301.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527369
 Amount of Each Receipt this Period
100.00

B. Harve Bauguess
 Full Name (Last, First, Middle Initial)
 Mailing Address 3715 Northside Drive
 City Atlanta State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bauguess mgmt. co Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527413
 Amount of Each Receipt this Period
300.00

C. Harry Baum
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 NW Eastside Drive
 City Weatherby Lake State MO Zip Code 64152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharon Lake Nursing Home Occupation Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2262.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : C1524992
 Amount of Each Receipt this Period
475.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 875.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 41 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Lyn Bentley
Full Name (Last, First, Middle Initial)
Mailing Address 2212 Hidden Valley Ln
City Silver Spring State MD Zip Code 20904-5240
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Director, Regulatory
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt
12 / 09 / 2011
Transaction ID : C1524995
Amount of Each Receipt this Period 20.00

B. Lyn Bentley
Full Name (Last, First, Middle Initial)
Mailing Address 2212 Hidden Valley Ln
City Silver Spring State MD Zip Code 20904-5240
FEC ID number of contributing federal political committee. **C**
Name of Employer American Health Care Association Occupation Director, Regulatory
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt
12 / 21 / 2011
Transaction ID : C1533354
Amount of Each Receipt this Period 20.00

c. Steven Chamley
Full Name (Last, First, Middle Initial)
Mailing Address 34 Northcrest Drive
City Council Bluffs State IA Zip Code 51503
FEC ID number of contributing federal political committee. **C**
Name of Employer Northcrest Living Center Occupation Owner/Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 01 / 2011
Transaction ID : C1520551
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 41 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Kathleen Collins Pagels
 Full Name (Last, First, Middle Initial)
 Mailing Address 1440 East Missouri Street
 City Phoenix State AZ Zip Code 85014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arizona Health Care Association Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527235
 Amount of Each Receipt this Period
 125.00

B. Robert Decker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 River Road South Suite 100
 City Salem State OR Zip Code 97302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westcare Management Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2011
Transaction ID : C1528648
 Amount of Each Receipt this Period
 5000.00

C. Joseph DeMattos
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Chasemount Ct
 City Baltimore State MD Zip Code 21209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HFAM Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : C1533515
 Amount of Each Receipt this Period
 100.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5225.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Joseph DeMattos
Full Name (Last, First, Middle Initial)

Mailing Address 18 Chasemount Ct

City Baltimore State MD Zip Code 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer HFAM Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C1539257

Amount of Each Receipt this Period
100.00

B. Floyd Eaton
Full Name (Last, First, Middle Initial)

Mailing Address 3715 SW 29th St Ste 200

City Topeka State KS Zip Code 66614-2164

FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Health Services Inc Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C1539204

Amount of Each Receipt this Period
5000.00

C. Gregory J. Elliot
Full Name (Last, First, Middle Initial)

Mailing Address 110 Johnson Road

City Charleston State WV Zip Code 25301-2297

FEC ID number of contributing federal political committee. **C**

Name of Employer AMFM, Inc. Occupation IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : C1529270

Amount of Each Receipt this Period
416.66

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5516.66 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Richard Erb
Full Name (Last, First, Middle Initial)

Mailing Address 35 Melden Drive

City Brunswick State ME Zip Code 04011

FEC ID number of contributing federal political committee. **C**

Name of Employer Maine Health Care Association Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011
Transaction ID : C1530600

Amount of Each Receipt this Period
230.00

B. Norman Estes
Full Name (Last, First, Middle Initial)

Mailing Address 931 Fairfax Park

City Tuscaloosa State AL Zip Code 35406-2805

FEC ID number of contributing federal political committee. **C**

Name of Employer Northport Health Services Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011
Transaction ID : C1538472

Amount of Each Receipt this Period
5000.00

C. Rebecca Estes
Full Name (Last, First, Middle Initial)

Mailing Address 931 Fairfax Park

City Tuscaloosa State AL Zip Code 35406-2805

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011
Transaction ID : C1538471

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶ **10230.00**

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Teresa Eyet
Full Name (Last, First, Middle Initial)

Mailing Address 10009 Dallas Ave

City Takoma Park State MD Zip Code 20901-2240

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Director, Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : C1524997

Amount of Each Receipt this Period
95.00

B. Patrick Fairbanks
Full Name (Last, First, Middle Initial)

Mailing Address 20220 Harney street

City Elkhorn State NE Zip Code 68022

FEC ID number of contributing federal political committee. **C**

Name of Employer Vetter Health Services Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
12 / 30 / 2011
Transaction ID : C1539272

Amount of Each Receipt this Period
500.00

C. Daniel Giannini
Full Name (Last, First, Middle Initial)

Mailing Address 604 Twickenham Road

City Glenside State PA Zip Code 19038

FEC ID number of contributing federal political committee. **C**

Name of Employer Comms Interactive, LLC Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
12 / 13 / 2011
Transaction ID : C1525798

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... **5595.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 14 OF 41 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. David Gifford | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 Transaction ID : C1539256 |
| Mailing Address 81 Kenyon Avenue | | Amount of Each Receipt this Period 5000.00 |
| City East Greenwich | State RI | Zip Code 02818 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer American Health Care Association | Occupation SVP, Quality | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Pamela Griffin | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 Transaction ID : C1536004 |
| Mailing Address 1120 Walnut St | | Amount of Each Receipt this Period 260.00 |
| City North Bend | State NE | Zip Code 68649-5012 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Celebrate LIFE, Inc. | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1260.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Bill Hartung | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : C1524999 |
| Mailing Address 1210 Massachusetts Avenue, NW #407 | | Amount of Each Receipt this Period 10.00 |
| City Washington | State DC | Zip Code 20005 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer American Health Care Association | Occupation Vice President, Research | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5270.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Bill Hartung
Full Name (Last, First, Middle Initial)

Mailing Address 1210 Massachusetts Avenue, NW
#407

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Vice President, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 21 / 2011
Transaction ID : C1533357

Amount of Each Receipt this Period
100.00

B. Dave Helmsin
Full Name (Last, First, Middle Initial)

Mailing Address 6460 Orange Hill Lane

City Carmichael State CA Zip Code 95608

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
12 / 28 / 2011
Transaction ID : C1535945

Amount of Each Receipt this Period
250.00

C. Tommy Huff
Full Name (Last, First, Middle Initial)

Mailing Address 1312 Woodland St
Street

City Nashville State TN Zip Code 37206-2821

FEC ID number of contributing federal political committee. **C**

Name of Employer Tausin Health Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 14 / 2011
Transaction ID : C1525788

Amount of Each Receipt this Period
1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1260.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Cheryl Killian
Full Name (Last, First, Middle Initial)

Mailing Address 3801 Woodside Dr

City Arlington State TX Zip Code 76016-3030

FEC ID number of contributing federal political committee. **C**

Name of Employer Legacy Care Centers Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : C1538470

Amount of Each Receipt this Period
 25.00

B. Jim Klausman
Full Name (Last, First, Middle Initial)

Mailing Address 3715 SW 29th Street Suite 200

City Topeka State KS Zip Code 66614-2164

FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Health Management Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C1539203

Amount of Each Receipt this Period
 5000.00

C. Jennifer Knorr
Full Name (Last, First, Middle Initial)

Mailing Address 900 N Randolph St Apt 1927

City Arlington State VA Zip Code 22203-4082

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Manager, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 688.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : C1525001

Amount of Each Receipt this Period
 4.40

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5029.40 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Jennifer Knorr
Full Name (Last, First, Middle Initial)

Mailing Address 900 N Randolph St
Apt 1927

City Arlington State VA Zip Code 22203-4082

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Manager, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 688.60

Date of Receipt
12 / 19 / 2011
Transaction ID : C1528696

Amount of Each Receipt this Period
210.00

B. Jennifer Knorr
Full Name (Last, First, Middle Initial)

Mailing Address 900 N Randolph St
Apt 1927

City Arlington State VA Zip Code 22203-4082

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Manager, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 688.60

Date of Receipt
12 / 21 / 2011
Transaction ID : C1533361

Amount of Each Receipt this Period
4.20

C. David Kylo
Full Name (Last, First, Middle Initial)

Mailing Address 4621 28th Road South

City Arlington State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C**

Name of Employer National Center for Assisted Living Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1128.56

Date of Receipt
12 / 09 / 2011
Transaction ID : C1525002

Amount of Each Receipt this Period
39.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.76

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. David Kylo
Full Name (Last, First, Middle Initial)

Mailing Address 4621 28th Road South

City State Zip Code
Arlington VA 22206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
National Center for Assisted Living Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1128.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533362

Amount of Each Receipt this Period
39.56

B. Larry Lane
Full Name (Last, First, Middle Initial)

Mailing Address 1616 Stephens Dr

City State Zip Code
Wayne PA 19087-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Genesis Sr VP, Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2011

Transaction ID : C1524233

Amount of Each Receipt this Period
600.00

C. Theodore Lee
Full Name (Last, First, Middle Initial)

Mailing Address 700 Hanover St

City State Zip Code
Manchester NH 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hanover Hill Health Care Center President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : C1531513

Amount of Each Receipt this Period
500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1139.56 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 OF 41 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Beth Martino
Full Name (Last, First, Middle Initial)

Mailing Address 8559 Window Latch Way

| | | |
|------------------|-------------|-------------------|
| City Columbia | State MD | Zip Code 21045 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---------------------------------------|
| Name of Employer American Health Care Association | Occupation Director Public Affairs |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 09 | / | 2011 |

Transaction ID : C1525003

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

B. Beth Martino
Full Name (Last, First, Middle Initial)

Mailing Address 8559 Window Latch Way

| | | |
|------------------|-------------|-------------------|
| City Columbia | State MD | Zip Code 21045 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---------------------------------------|
| Name of Employer American Health Care Association | Occupation Director Public Affairs |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 21 | / | 2011 |

Transaction ID : C1533363

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

C. Jay Moskowitz
Full Name (Last, First, Middle Initial)

Mailing Address 2932 Fenton Street

| | | |
|---------------------|-------------|------------------------|
| City Wheat Ridge | State CO | Zip Code 80214-8116 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|-----------------------------|
| Name of Employer Quality Life Management | Occupation Administrator |
|---|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 07 | / | 2011 |

Transaction ID : C1524213

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 20 OF 41 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Julie Painter
Full Name (Last, First, Middle Initial)

Mailing Address 3614 Connecticut Ave NW
Apt 22

City Washington State DC Zip Code 20008-2436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Senior Director of Constituency Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1525004

Amount of Each Receipt this Period
11.54

B. Julie Painter
Full Name (Last, First, Middle Initial)

Mailing Address 3614 Connecticut Ave NW
Apt 22

City Washington State DC Zip Code 20008-2436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Senior Director of Constituency Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : C1533364

Amount of Each Receipt this Period
11.50

C. Sharon Purvis
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Sycamore Drive

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Senior Director, Vendor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : C1525006

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 32.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Sharon Purvis
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Sycamore Drive

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Senior Director, Vendor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : C1533366

Amount of Each Receipt this Period
9.50

B. David Reynolds
Full Name (Last, First, Middle Initial)

Mailing Address 241 El Sereno Drive

City Scotts Valley State CA Zip Code 95066

FEC ID number of contributing federal political committee. **C**

Name of Employer Medline Occupation Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527515

Amount of Each Receipt this Period
120.00

C. Shelley Sabo
Full Name (Last, First, Middle Initial)

Mailing Address 6360 Tisbury Dr

City Burke State VA Zip Code 22015-4061

FEC ID number of contributing federal political committee. **C**

Name of Employer National Center for Assisted Living Occupation Director Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : C1525007

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **139.50**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Shelley Sabo
Full Name (Last, First, Middle Initial)

Mailing Address 6360 Tisbury Dr

City State Zip Code
Burke VA 22015-4061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
National Center for Assisted Living Director Assisted Living

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011
Transaction ID : C1533367

Amount of Each Receipt this Period
100.00

B. Jesse Samples
Full Name (Last, First, Middle Initial)

Mailing Address 451 Truman Rd

City State Zip Code
Franklin TN 37064-8322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tennessee Health Care Association Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011
Transaction ID : C1519860

Amount of Each Receipt this Period
250.00

C. Jerry Schroer Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Muirfield NW

City State Zip Code
Canton OH 44708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Altercare Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : C1527368

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1260.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael Shepard

Mailing Address **PO Box 125**

City **Mena** State **AR** Zip Code **71953**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Shepard Group** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4388.00**

Date of Receipt
12 / 27 / 2011
Transaction ID : C1535889

Amount of Each Receipt this Period
1888.00

Full Name (Last, First, Middle Initial)
B. Jennifer Shimer

Mailing Address **9507 Shelly Krasnow Ln**

City **Fairfax** State **VA** Zip Code **22031-4720**

FEC ID number of contributing federal political committee. **C**

Name of Employer **American Health Care Association** Occupation **COO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : C1525009

Amount of Each Receipt this Period
11.54

Full Name (Last, First, Middle Initial)
C. Jennifer Shimer

Mailing Address **9507 Shelly Krasnow Ln**

City **Fairfax** State **VA** Zip Code **22031-4720**

FEC ID number of contributing federal political committee. **C**

Name of Employer **American Health Care Association** Occupation **COO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 21 / 2011
Transaction ID : C1533369

Amount of Each Receipt this Period
11.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **1911.04**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Matthew D. Smyth
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 I St NW
 City Washington State DC Zip Code 20037-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Director of Grassroots
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : C1525010
 Amount of Each Receipt this Period
 19.24

B. Matthew D. Smyth
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 I St NW
 City Washington State DC Zip Code 20037-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Health Care Association Occupation Director of Grassroots
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : C1533370
 Amount of Each Receipt this Period
 19.00

C. James Unverferth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Shawnee Road
 City Lima State OH Zip Code 45805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCF Management, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1519861
 Amount of Each Receipt this Period
 1668.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1706.24 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 41 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Jack Vetter
Full Name (Last, First, Middle Initial)

Mailing Address 20220 Harney Street

City Elkhorn State NE Zip Code 68022

FEC ID number of contributing federal political committee. **C**

Name of Employer Vetter Health Services Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : C1530973

Amount of Each Receipt this Period
1250.00

B. Paula Warren
Full Name (Last, First, Middle Initial)

Mailing Address 3301 Alabama Ave

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : C1524279

Amount of Each Receipt this Period
250.00

C. Kathy Weiner
Full Name (Last, First, Middle Initial)

Mailing Address 1217 Nonchalant Dr

City Simi Valley State CA Zip Code 93065-5717

FEC ID number of contributing federal political committee. **C**

Name of Employer Total Rehab Care Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : C1535887

Amount of Each Receipt this Period
2500.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 41 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A. Ted Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1217 Nonchalant Dr
 City State Zip Code
 Simi Valley CA 93065-5717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Total Rehab Care CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011
Transaction ID : C1535888
 Amount of Each Receipt this Period
 2500.00

B. Nile Whitney
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 Village Green Drive
 City State Zip Code
 El Dorado Hills CA 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medline Industries LTC Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011
Transaction ID : C1530974
 Amount of Each Receipt this Period
 25.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2525.00 |
| TOTAL This Period (last page this line number only).....▶ | 58240.82 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 27 OF 41 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. GHC Ancillary Corporation Political Action Committee

Mailing Address 101 E State St

City State Zip Code
Kennett Square PA 19348-3109

FEC ID number of contributing federal political committee. **C C00292094**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2011
Transaction ID : C1524234

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Skilled Healthcare PAC

Mailing Address 27442 Portola Parkway Suite 200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C C00442426**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011
Transaction ID : C1524215

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
c. United Health Services PAC

Mailing Address PO Box 1210

City State Zip Code
Toccoa GA 30577

FEC ID number of contributing federal political committee. **C C00400135**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011
Transaction ID : C1524990

Amount of Each Receipt this Period
5000.00

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 11000.00 |
| TOTAL This Period (last page this line number only)..... | 11000.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERICAN VICTORY FUND COMMITTEE

Mailing Address 22780 INDIAN CREEK DRIVE
STE. 100

City DULLES State VA Zip Code 20166

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2011

Transaction ID : D121969

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Congressional Trust

Mailing Address 310 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2011

Transaction ID : D121970

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DSCC Recount Fund

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2011

Transaction ID : D122449

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

17500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. GARAGIOLA FOR CONGRESS

Mailing Address 13421 WINTERSPOON LANE

City State Zip Code
Germantown MD 20874

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Robert Garagiola

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 4 | | 2 | 0 | 1 | 1 |

Transaction ID : D122064

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. A NEW DIRECTION PAC

Mailing Address PO BOX 4234

City State Zip Code
Concord NH 03302

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 1 | | 2 | 0 | 1 | 1 |

Transaction ID : D121809

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. KATHY HOCHUL FOR CONGRESS

Mailing Address PO BOX 64

City State Zip Code
Buffalo NY 14231

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Kathleen Hochul

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 4 | | 2 | 0 | 1 | 1 |

Transaction ID : D122072

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MODERATE DEMOCRATS PAC

Mailing Address 426 C STREET NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 20 | | | 2011 | | | |

Transaction ID : D122450

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition

Mailing Address 607 14th St NW
Ste 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2011 | | | |

Transaction ID : D121935

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

C. NEW MILLENNIUM PAC

Mailing Address PO Box 632

City Union City State NJ Zip Code 07087-0632

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Robert Menendez

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 13 | | | 2011 | | | |

Transaction ID : D122015

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ben Chandler

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: KY District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 14 | | 2011 |

Transaction ID : D122070

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement
Voided Contribution of 11/10/2011

Candidate Name
Rep. Bill Cassidy

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: LA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 19 | | 2011 |

Transaction ID : D122389

Amount of Each Disbursement this Period

| |
|----------|
| -5000.00 |
|----------|

Full Name (Last, First, Middle Initial)

C. BILL FLORES FOR CONGRESS

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bill Flores

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 17

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 13 | | 2011 |

Transaction ID : D122016

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| -1500.00 |
|----------|

TOTAL This Period (last page this line number only)..... ▶

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL OWENS FOR CONGRESS

Mailing Address PO Box 1575

City State Zip Code
Plattsburgh NY 12901

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bill Owens

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NY District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D122065

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BRALEY FOR CONGRESS

Mailing Address PO Box 390

City State Zip Code
Waterloo IA 50704

Purpose of Disbursement
Voided Contribution of 11/15/2011

Candidate Name
Rep. Bruce Braley

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : D122390

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City State Zip Code
LAKELAND FL 33807

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name
Rep. Dennis A. Ross

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: FL District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : D122609

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

-2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name
Rep. Diane Black

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TN District: 06

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 31 | | | 2011 | | | |

Transaction ID : D122604

Amount of Each Disbursement this Period

| |
|----------|
| -2500.00 |
|----------|

Full Name (Last, First, Middle Initial)

B. TITUS FOR CONGRESS

Mailing Address 3711 East Sunset Road

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Dina Titus

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 01 | | | 2011 | | | |

Transaction ID : D121808

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738
2nd Floor

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Doris Matsui

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 05

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 13 | | | 2011 | | | |

Transaction ID : D122014

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|------|
| 0.00 |
|------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jim Gerlach

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 01 | / | 2011 |

Transaction ID : D121807

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jim Matheson

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: UT District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 14 | / | 2011 |

Transaction ID : D122067

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name
Rep. Joe L. Barton

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 31 | / | 2011 |

Transaction ID : D122602

Amount of Each Disbursement this Period

| |
|----------|
| -2500.00 |
|----------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 4000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Kurt Schrader

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OR District: 05

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : D122069

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KISSELL FOR CONGRESS

Mailing Address P.O. Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Larry Kissell

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NC District: 08

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : D122071

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BOSWELL FOR CONGRESS

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Leonard L. Boswell

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IA District: 03

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : D122066

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name
Rep. Lynn Jenkins

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: KS District: 02

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2011

Transaction ID : **D122603**

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. MARTIN HEINRICH FOR CONGRESS, INC.

Mailing Address 2118 CENTRAL AVENUE SE

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Martin Heinrich

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NM District: 01

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2011

Transaction ID : **D122458**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MARTIN HEINRICH FOR CONGRESS, INC.

Mailing Address 2118 CENTRAL AVENUE SE

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Martin Heinrich

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NM District: 01

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2011

Transaction ID : **D122538**

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 13 | | | 2011 | | | |

Transaction ID : D122013

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City State Zip Code
BLACKFOOT ID 83221

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Mike Simpson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2011 | | | |

Transaction ID : D121936

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City State Zip Code
Sacramento CA 95841

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2011 | | | |

Transaction ID : D121938

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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| 4500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF NAN HAYWORTH

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Nan Hayworth

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 01 | | | 2011 | | | |

Transaction ID : D121810

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Pat Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2011 | | | |

Transaction ID : D121931

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Pat Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 07 | | | 2011 | | | |

Transaction ID : D121932

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 5000.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BERG FOR CONGRESS

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name

Rep. Rick Berg

Office Sought: House
 Senate
 President
State: ND District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 31 | / | 2011 |

Transaction ID : D122607

Amount of Each Disbursement this Period

| |
|----------|
| -2500.00 |
|----------|

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Sander M. Levin

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 07 | / | 2011 |

Transaction ID : D121937

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Rep. Steve Stivers

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 07 | / | 2011 |

Transaction ID : D121933

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
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| 1000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM WALZ FOR US CONGRESS

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tim Walz

Office Sought: House
 Senate
 President
State: MN District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D122068

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COLE FOR CONGRESS

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Voided Contribution of 7/21/11

Candidate Name
Rep. Tom Cole

Office Sought: House
 Senate
 President
State: OK District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : D122600

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

C. LATHAM FOR CONGRESS

Mailing Address P.O. Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Latham

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : D121939

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOM REED FOR CONGRESS

Mailing Address 99 W 1st Street

City State Zip Code
Corning NY 14830

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Reed

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NY District: 29

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2011 | | | | | |

Transaction ID : D121934

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. ROMNEY FOR PRESIDENT INC.

Mailing Address 585 COMMERCIAL STREET

City State Zip Code
BOSTON MA 02109

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mitt Romney

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | 07 | | | 2011 | | | | | |

Transaction ID : D121940

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 5500.00 |
|---------|

| |
|----------|
| 66500.00 |
|----------|